

LAWRENCE LIVERMORE NATIONAL LABORATORY



SCIENCE AND TECHNOLOGY EDUCATION PROGRAM (STEP)

ROTC DAY VISITOR INFORMATION REQUEST

**LLNL ROTC DAY
FEBRUARY 12, 2004**

Dear ROTC Day Participant:

So that we may facilitate your entrance to the Laboratory on February 12, 2004, please provide the following information (please type):

FULL NAME:	
AFFILIATION (DET #/UNIT):	
TITLE:	
SCHOOL NAME:	
MAJOR:	

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Officer

TELEPHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	
HOME ADDRESS:	
DIETARY RESTRICTIONS:	

DO YOU HOLD A CURRENT CLEARANCE? IF SO, WHAT KIND? _____

Participation is limited. Please FAX or email this completed form to the STEP Office by **January 30, 2004**. Our FAX number is (925) 422-5761. Should you have any questions, please do not hesitate to call Davien Lundin at (925) 422-5460.

Email: lundin2@llnl.gov. Thank you.

GROUP VISITOR DATA

(Please provide all information requested below. Enter "none" or "N/A" if the information does not apply or is not available. If the individual does not have a middle name, enter "NMN." **Do not leave any spaces blank!**)

Social Security Number: _____ **Country of Citizenship:** _____

Full Name:

Last: _____ First: _____ Middle: _____

Company Name: _____

Full Address:

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone (Include Area Code): _____

Driver's License #: _____ **State:** _____

Passport Number: _____ **Country:** _____

Date & Place of Birth:

Date: _____ City: _____ State: _____ Country: _____